



Construction Inspections Division

Key Tower, 700 Fifth Ave, Suite 2000, Seattle, WA 98104-5070

Phone: (206) 684-8950 Fax: (206) 386-4039

Website: www.cityofseattle.net/dclu

PERMIT TRANSFER

Electrical/Sign

APPLICATION for PERMIT TRANSFER

APPLICATION/

CURRENT DATE:

PERMIT NUMBER: _____

(Original Application/Permit Number)

RECEIPT NUMBER: _____

(Original Purchase Receipt Number)

DATE PERMIT ISSUED: _____

LEGAL ADDRESS: _____

JOB LOCATION: _____

INSTALLER OF RECORD: _____

TELEPHONE: _____

RECEIPT ISSUED TO: _____

(INSTALLER/OWNER)

I hereby transfer the installation rights in the application/permit identified above to the **NEW INSTALLER**; and release all funds associated with this permit to the Department of Design, Construction and Land Use,

ORIGINAL PERMIT HOLDER SIGNATURE: _____

NEW INSTALLER: _____

TELEPHONE: _____

ADDRESS: _____

COMPANY: _____

CONTRACTOR LICENSE NO: _____

COMMENTS/DESCRIPTION:

DCLU USE ONLY:

Authorized Signature: _____

Date: _____